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ABSTRACT

Provided is the script for a presentation of 90 slides on a staff training model for cerebral palsied children of preschool age. The training program in early childhood intervention is said to have three parts involving teacher training, parent education which involves reciprocal sharing of information among parents and staff, and student training. Representative descriptions of the slides focus on the staff and their roles in the teacher training model, use of weekly staff meetings, decision-making required of the individual teacher, parent education, and training of students and interns. (CB)

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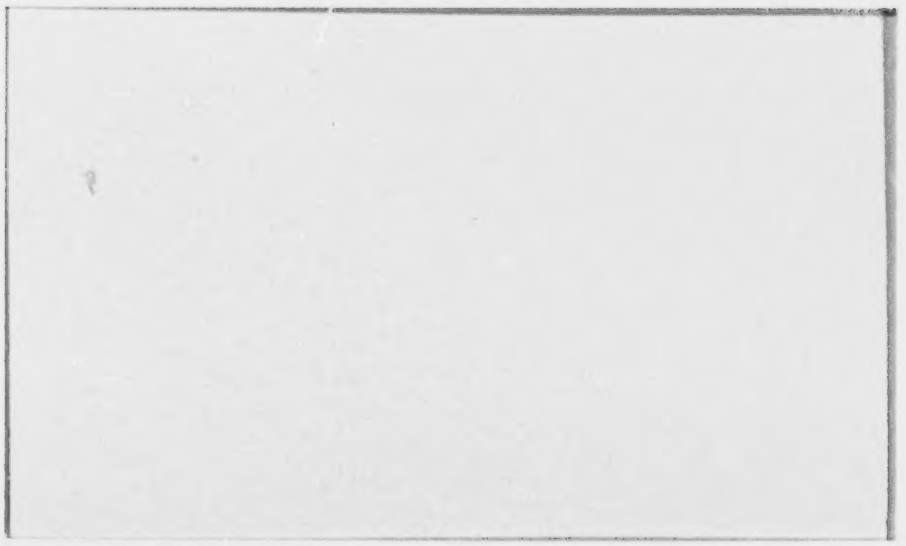
EARLY CHILDHOOD EDUCATION FOR HANDICAPPED CHILDREN

STAFF TRAINING

A PROTOTYPE

THE DEPARTMENT OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN



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THE UNIVERSITY OF TEXAS AT AUSTIN

Program for Staff Training of Exemplary Early Childhood Centers

for Handicapped Children

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P R E S E N T S

THE STAFF TRAINING PROTOTYPE SERIES

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STAFF TRAINING MODEL

IN AN

AGENCY SETTING

by

Berta Rafael

Vol.II No.6

Project Director, in cooperation with
Miss Peggy Crull, Evaluator
United Cerebral Palsy of New York City, Inc.

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INTRODUCTION

United Cerebral Palsy of New York City provides services for children and adults in four boroughs of New York City. The agency received a grant under the Handicapped Children's Early Education Assistance Act in April, 1969, to start an early education demonstration center based on its ability to provide these services for young children with multiple handicapping conditions.

It is a well-known fact that the cumulative effects of cerebral palsy are such that unless early and continuous intervention occurs, the damage grows progressively worse. The primary target for our demonstration is other service organizations for cerebral palsied children. Emphasis is on the very young child and his or her parents.

Several fundamental ideas had to be considered in order to derive a rationale for staff and parent training. We asked ourselves a number of questions.

I. What is Cerebral Palsy? The complexity of a cerebral palsy diagnosis makes definition difficult. Among the many acceptable definitions the one we have adopted is that cerebral palsy is a condition associated with brain lesions which lead to neuromuscular dysfunction with associated organic, psychological, intellectual and other impairments. These accompanying impairments may be evidenced in perceptual difficulties and/or retardation. They invariably have social implications and may cause educational problems affecting the impaired child and his family.

II. What are the goals of the project? The goals of the project and, of course, those of the agency are to create an opportunity for the cerebral palsied person to enhance the quality of his life. For our project, this means enabling him, through education and remediation, to function as close to normal as possible. More specifically, this means making available to him the education most suitable and most economically feasible. In New York City, these two requirements can be filled either by public school classes or the services of our agency.

III. What is education and what is teaching? The answers to these two questions further contributed to the rationale for the in-service or staff training program of the agency. We believe that education is not only imparting information and sharing knowledge, but that it is bringing about change; change in attitudes, change in knowledge, change in competencies, change in self-esteem. Change is a continuous process in human beings and we attempt to direct and channel toward our goal as stated above: change in attitudes, change in knowledge, change in competencies, change in self-esteem.

Teaching entails constant decision making. These decisions have to be based on sound understanding of each child and each situation.

As the early education project director, I decided to employ teachers with a strong background in early childhood education. This meant that the teachers would need support and training in areas in which specialized knowledge was required.

The rationale for this approach was built on the awareness that teachers with a strong background in normal child development know developmental sequences and patterns of the normal child. Knowing the normal child gives them the basis for understanding deviancy. But they need specialized training in areas of organic, neuromuscular, psychological and other dysfunctions. Even teachers with a rich background in special education may not know the many manifestations of cerebral palsy.

All teachers also have to develop more understanding about the effects of the problems of the handicapped child on his family.

In addition, the teachers also need support in coping with their own feelings when working with multi-handicapped children and their families.

Individualized instruction built on diagnosis is the over-all means to achieve the goals for our program. For the education of each child it was decided to use a psychologist, psychiatrist, speech pathologist, physical therapist, and speech therapist as supportive or ancillary services. It, therefore, seems most logical to use this team of specialists to provide in-service training for the teachers. Through theory and demonstration, the specialists would share their specific knowledge and skills with

the teaching staff. Once the teacher begins to internalize and synthesize the specific information provided by each expert, she can use this integrated body of knowledge to educate the whole child. She thereby becomes the facilitator or, as Dr. Frances Connor of Teachers College calls her, the transducer of this specific knowledge, in addition to her own.

DESCRIPTION OF TEACHER TRAINING

There are three parts to our training program: 1) teacher training, including interdisciplinary sharing of information just mentioned, 2) parent training which involves reciprocal sharing of information between parents and the staff, and 3) student training.

Slide 1: Here is a diagram of our teacher trainig model. As you can see, the child is the focal point. As mentioned before, the teacher is the facilitator or the transducer. The interdisciplinary team, the director, the agency and the University all contribute to the teacher training.

Slide 2: Our team consists of a psychologist, speech therapist, physical therapist, psychiatrist, the director of the project, social worker, parent co-ordinator and evaluator. A pediatrician and pediatric neurologist are on call. Here are some examples of how the team interacts in teacher training.

Slide 3: The psychologist tests each child and shares her

diagnosis with the teacher and director. She makes recommendations for each child according to the strengths and weaknesses found through standard tests. The teachers sit in on some of the testing sessions to increase their understanding of the process.

Slide 4: The consulting speech pathologist provides diagnostic services and makes recommendations for curricular activities for each child with a language or speech problem.

Slides 5 to 9: The speech therapist works with children in the classroom and also demonstrates for the teachers. Here she is working with a group using the Peabody Kit. She also works with individual children.

Slides 10 to 16: The physical therapist has two functions in our program: One is to teach the teacher how best to work with each individual child by explaining and demonstrating positioning, use of props, and use of each child's available muscular and neurological strength. Here is a series of slides of a teacher using her learned skills in positioning a severely involved five-year-old boy. As you can see, the teacher changes him from an awkward position into one in which he can make use of the hand movement available to him. In the next series of slides, the consulting physical therapist helps the teacher with a positioning problem for toilet training. He also helps make special materials. The staff physical therapist, in contrast to and in cooperation with the consulting physical therapist, works with the teachers also on activities that will lead to improved

body image and perceptual skills. As a part of the daily curriculum, she conducts these activities with individuals and small groups of children.

Slides 17 to 29: The psychiatrist works with the most troubled children and their parents. This is a series of slides showing a child joining him in the therapy room for a play therapy session. After the therapy session, the psychiatrist discusses useful information with the director and the teachers. This series also is a nice example of how the physical therapist's advice to the teacher comes into play in the daily school routine. The teacher is able to show the child how to handle the locks and joints of his braces in standing up, walking down the hall, and reseating himself. The teacher needs to know these many details for each individual child.

Slides 29 to 37: The role of the director is to organize the total operation of the project as well as to conceptualize and supervise staff training. At the same time, she spends time in the classroom, demonstrates to the teachers, and discusses individual children, management problems, and housekeeping matters. She does the orientation for new teachers prior to entering the classrooms.

The director also helps the teachers with the process of assimilating information gathered through specialists and through their own observations. She assists in establishing curriculum.

Slides 38 to 41: The evaluator collects all diagnoses and

reports from which curricular goals and methods or strategies for achieving them are drawn and arranges them in a format that can easily be read by any staff member for quick reference. This compiled data also forms the basis for evaluation of the children's progress.

Slides 42 to 44: At weekly staff meetings, this team of specialists meets with the teachers and together they derive a set of goals and strategies for each individual child. By meeting together, the specialists are able to exchange information with each other as well as with the teachers and, thus, have an integrated body of knowledge about each child from which to make prescriptions. Periodically, a staff meeting is set aside for a seminar on the neurophysiology of brain damage or other special areas as need arises.

I mentioned in the beginning that we are very aware of the impact that the multi-handicapped child and his problems have on the teacher. We are also aware that working with our children is very frustrating at times. Therefore, we use one day a month for discussing our feelings instead of staffing a particular child. We have covered problems the teachers need help in like telling a mother that her child will not learn as fast as the other children, or a father that his boy will never play ball. Eventually, this may develop into some more organized sensitivity training. Meanwhile, it continues under the guidance of the psychiatrist and myself, the director, both during staff meetings and informally during the day.

Out of the combined diagnosis and recommendations curricular goals for each child emerge. The teacher uses her own special knowledge and skills in the areas of social, emotional and intellectual development to translate those goals into integrated learning activities for the classroom. The means to achieve curricular goals are mostly those used in the conventional preschools, but even more emphasis is placed on the child's specialized needs. While in a school for children with no handicapping conditions, children can choose from a rich environment what to use for themselves and the teacher's role can be to push the child just to the next higher level of development; in our program, everything has to be used after a study of what each step entails. For instance, if the child is to learn to use scissors, a task analysis is needed to show each step necessary, the movement of opening and closing and taking the scissors off the fingers.

When teaching colors, a sequence has to be used, allowing for one concept to emerge at a time.

Paint and water, clay and blocks are used. Water can help a children learn such simple concepts as full and empty, or such complex ones as conservation, according to Piaget's use of the term.

A pegboard can be used to teach eye-hand coordination, sequencing, tracking, sorting, horizontal and vertical movements, following a pattern and many other things.

In a group activity, a teacher can have a special task for each child, and yet prepare him for working in groups at a later stage of his education. Here are some slides of classroom activities.

Slides 45 to 54: All of this entails a constant decision making on the part of the teacher. We all live with this process of decision making. Our decisions are based on a complicated system of knowledge and understanding. Robert Ardry gives an example of this from the animal world in his book entitled SOCIAL CONTRACT:

> the psychologist Carpenter made a memorable analysis of monkey decision-making.
>
> "You are a monkey, he said, "and you're running along a path past a rock and unexpectedly meet face to face another animal. Now, before you know whether to attack it, to flee it, or to ignore it, you must make a series of decisions. Is it monkey or non-monkey? If non-monkey, is it pro-monkey or anit-monkey? If monkey, is it male or female? If female, is she interested? If male, is it adult or juvenile? If adult, is it of my group or some other? If it is of my group, then what is its rank, above or below me? You have about one-fifth of a second to make all these deicisons, or you could be attacked."

Slides 55 and 56: In our case, it can look something like this: This foot painting was made by this little fellow and his classmates. The teacher decided to take advantage of the boy's interest in his work to allow him to talk about it and relate ... to it, meanwhile keeping the other children and the bus waiting. This boy seldom initiates activities or conversations, and it was a breakthrough for him. Thus, the teachers have to make decisions based on the whole and its parts, the child and the group, based on her knowledge and understanding, as well as her priori-

ties. In this next slide the teacher decided to use a lost name card for checking on "whose name?", "where does it belong?", etc. instead of helping to undress these two children.

We shall further enhance the teachers' skills at such decision making by the use of videotapes which will capture their own activities for later viewing. Through watching themselves in the classroom and with individual children, they will be able to become more acutely aware of all of the things which influence their moment to moment decisions. Using her own skills and knowledge in the areas of social, emotional and intellectual development and the supplementary skills acquired through interaction with the rest of the team, our teachers help children learn.

Slide 57: Another section of our teacher training program is a course given on our premises by a staff member of Teachers College, Columbia University for our staff and invited guests. The exciting part of this course was that it could be taken for credit. The guests attending the course came from other agency centers in our boroughs of New York City and from the newly developed Center for Multi-Handicapped of the Board of Education of the City of New York. The course content was concerned with recording and reporting. It was based on some specific tasks which were presented to the children. The results were recorded and used for further diagnosis. The course was paid for by the project, but for credit, the teacher had to pay an additional fee, just as she would have done if she had attended class at Teachers College.

Slide 58: The next section concerns the contribution the Agency makes to teacher training. There are several specific kinds of training made possible through the agency. One is medical information, through lectures and workshops and through participation in disucssions by national, international and New York State cerebral palsy groups, for example, the Bobath visits from England to this country. The agency also arranges for participation in conferences, symposia, and visits to other components of UCP of New York City, thus providing information for all staff of the agency.

Slide 59 to 64: Another facet of training made possible by the agency is the exploration of new materials for use with the handicapped, such as shown here. One type of material is the inflatables imported from England, which were presented to all those involved with education for the handicapped in the New York City and metropolitan area by the people who developed the materials in England. Another type of equipment, called "Port-a-Pit" was presented to the agency personnel by the manufacturers. From the Institute of Rehabilitation Medicine, New York University Medical Center, Pre-School "Learning Laboratory" (Mrs. R. Gordon, Director) we received permission to use the sink designed for children in wheelchairs. These meetings lead to interaction of the whole agency staff.

The agency is of special benefit to the teacher assistant who receive training in the classroom to become head teacher when

they have enough experience and all credits necessary.

Finally, the agency provides adult models of cerebral palsied persons who are now active staff members. Overall, the agency provides its staff with a feeling of belonging to an organization which offers comprehensive services for its children.

DESCRIPTION OF PARENT TRAINING

Slide 65: The second part of our training program is aimed at the parents. The teachers become familiar with their children and the families through a pre-entry home visit, which each teacher pays to each child's home prior to entrance into the project. This was described in "Teacher for Exceptional Children" Fall 1970. In various ways throughout the year, we share with the parents all we know and learn about the management of their child. The nice part about our relationship with the parents is that they can in turn share with us their intimate knowledge of their child.

Slide 66 to 69: During their periodic visits to the school, the parents have an opportunity to talk with the teacher and pick up hints on educational activities that they can do at home. In this scene, a teacher is taking polaroid photos of a child to make a book of pictures of him in action. In the next scene, such a book is shown to the parent and her daughter. The mother can later use this book to help the child learn language skills by using the child herself as the topic of conversation.

Slide 70 to 73: In the next series of slides you see a teacher at a large parent meeting introducing parents to the skills developed by use of a peg board.

Slides 74 and 75: All parents meet with the teachers and the director at regular intervals to discuss and to observe the progress of their children. In this slide, a mother watches with the interpreter and the teacher (who is not shown) from the observation room, and another just watches.

The team members most involved with parents besides teachers and directors are the social worker and the parent activity co-ordinator. The social worker also works in close co-operation with the psychiatrist, who sees parents in large meetings and individually. An ongoing group helps parents deal with their own feelings. The social worker sees each family before the child enters our project and as necessary thereafter.

Slides 76 and 77: Here is the social worker in conference with a couple. Later, the psychiatrist may confer with the same couple. In most situations, the social worker attempts to take care of the needs of the families, but where the situation requires therapy, the psychiatrist and social worker operate as a team. Later, they may share information from these sessions with the rest of the staff if they consider it relevant. Throughout this the confidentiality of the sessions is preserved.

Slide 78: Monthly meetings are arranged through the parent activity co-ordinator. I say through because parents decide what

the topics of the meetings will be. At the described meetings, they had asked for the teacher to tell them more about what goes on in the classroom, what the various activities are designed to accomplish. They also asked to meet with a neurologist to learn more about cerebral palsy. They met with a psychiatrist to discuss the impact of their children's disabilities on their families. Another discussion is planned concerned with children's T.V. programs and their influence on the children's thinking.

The role of the parent activity co-ordinator is to develop a model which will then be used for the whole agency. This model will include all those areas of concern to parents that they themselves have decided upon as well as those the agency feels parents need to know. The agency makes sure that parents know about lifelong planning, residential care, medical information, financial advice and legal advice.

Slides 79 to 84: The highlight of our parent training program is the Summer Family Conference. The objective is to provide intensive educational counseling services for families who in the past have been considered "hard to reach" due to the many difficulties inherent in their living in a large city with a handicapped child and to the poverty of many of these same families. Here we have a slide showing an educational demonstration and two showing counseling sessions. In addition, this experience provided the families with relaxation without the guilt of leaving the handicapped child behind. Full board and lodging as well as

day camp service for all children of the family are provided for 4 days (You'll know the people in this slide!)

DESCRIPTION OF STUDENT TRAINING

Slide 85: The third part of our staff training is the training of students and interns. There are several types for whom we provide services:

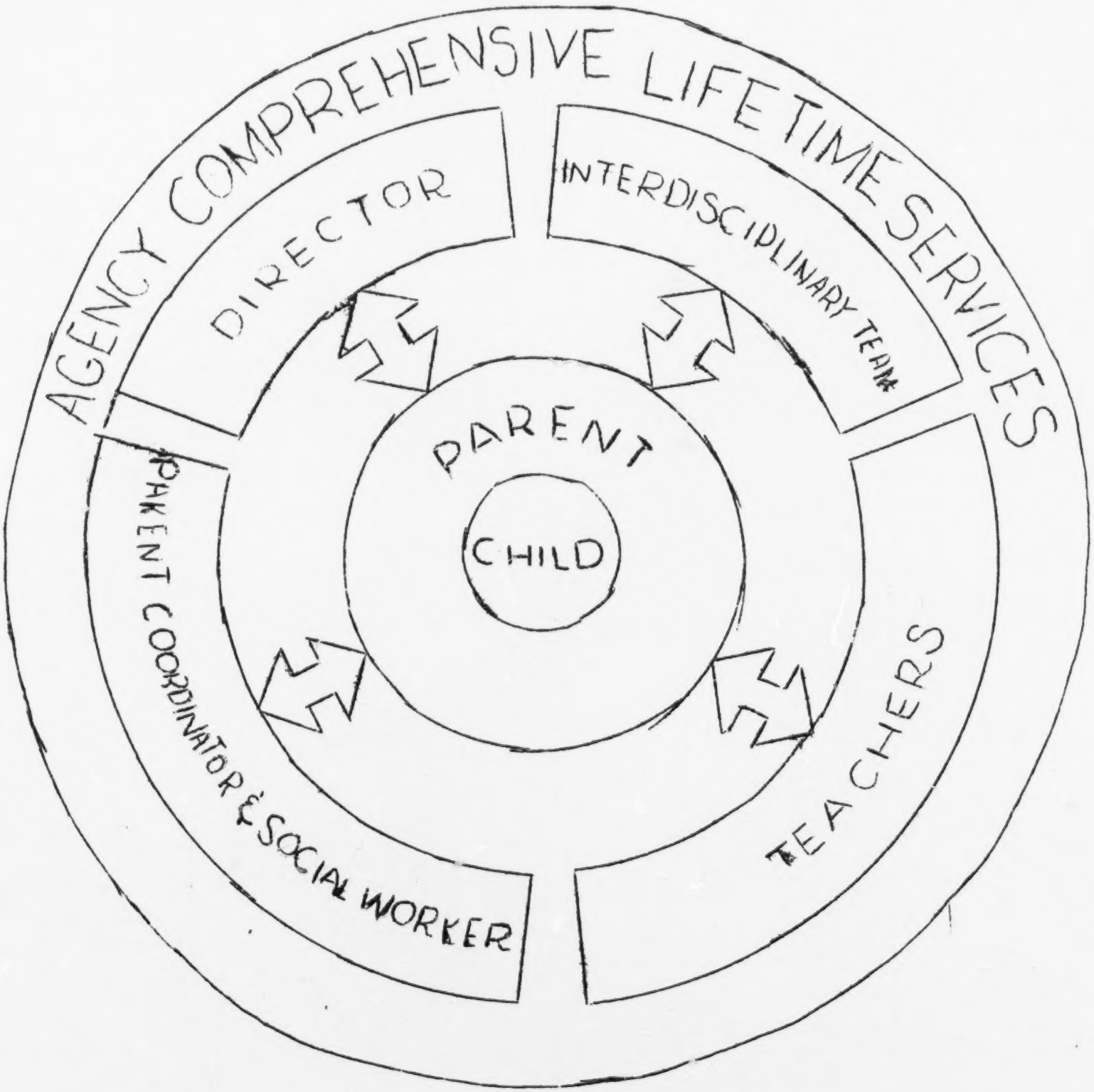
1. Slides 86 and 87: Regular students, either psychology, early childhood or special education students who spend one or two semesters with us and participate in some of the conferences and training sessions described above. The main training for them, however, comes from their experience in the classroom with the children, under the guidance of the teachers. Here is one of our regularly attending students, who is from Pace College, working with a child in the classroom.
2. Slide 88: Students who wish may write a paper and spend one or two days a week with us. Usually, they work with individual children and spend time with teachers and the director discussing their observations and the events of each day. In this slide, a psychology student is receiving an initial interpretation of the project from the evaluator.
3. Slides 89 and 90: Observers spend one or more days just observing the program and asking questions. They use the observation rooms and receive guided information, but do

not participate in the regular staff activities. Many of these come from other cerebral palsy centers, others from teaching institutions such as the occupational and physical therapy programs of various hospitals. Here are some visitors form another cerebral palsy center spending the day, and a speech therapy student writing in the observation room.

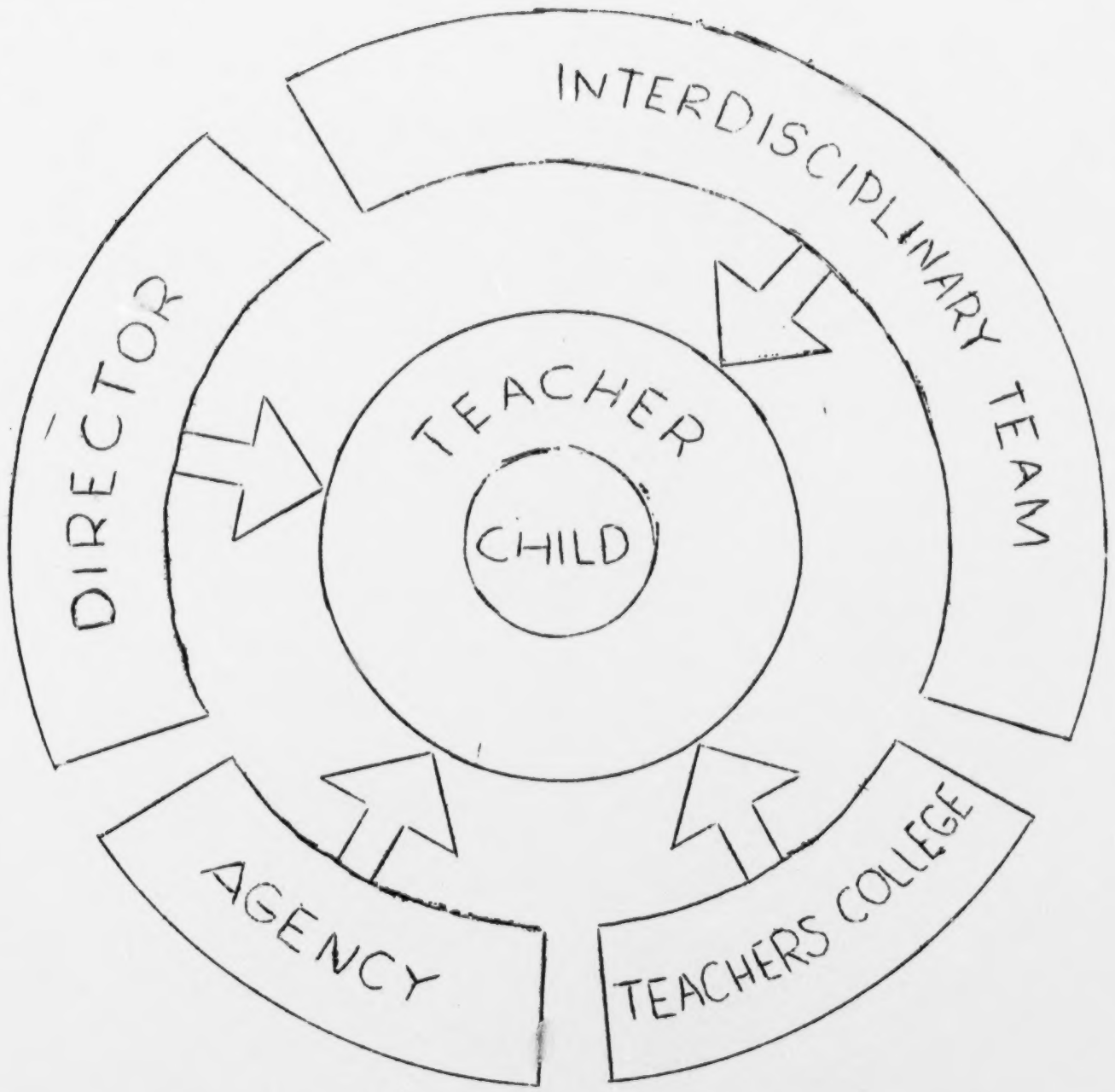
CONCLUSION

We do not consider this model of our training a static or complete model. As we discover new and better ways to interact, our program, like the children we serve, will change accordingly.

PARENT TRAINING MODEL



INTERDISCIPLINARY
TEACHER TRAINING MODEL



STUDENT TRAINING MODEL